

# **LOCAL HEALTH OFFICERS MANUAL**

**Prepared by:**

**State of Maine  
Bureau of Health  
Maine Department of Human Services**

**2003**

**John E. Baldacci  
Governor**

**Peter E. Walsh  
Acting Commissioner**

**June 25, 2003**

Dear Local Health Officer:

I am pleased to provide you with a copy of this revised edition of the Local Health Officers Manual, prepared by the Department of Human Services, Bureau of Health. I hope this manual is helpful in the performance of your duties.

The manual contains:

1. A summary of the primary duties, responsibilities, and public health concerns of the Local Health Officer;
2. A set of model procedures, letters and forms which you may use or adapt for carrying out your duties; and
3. A directory of services and resources.

The responsibilities of the Bureau of Health cover a broad scope of public health issues, from health promotion/education to responding to disease outbreaks; from safe drinking water to rabies testing. A strong public health program is completely dependent on community support and your commitment is invaluable.

Thank you very much for your continuing assistance and support.

Sincerely,

Dora Anne Mills, MD, MPH  
Director, Bureau of Health  
State Health Officer

# FOREWORD

During the past several years, much has happened that has challenged the Bureau of Health and the community at large. We continue to come face to face with various health challenges, including HIV/AIDS, tuberculosis, hepatitis, and most recently, foot and mouth disease. As a result of these challenges, many of the rules relating to notifiable diseases have changed. Our statutes have also changed, and we have devoted much of our time to responding to these changes. In the past, you have received information about most of these changes on a periodic basis. The HIV/AIDS Policy Document has been sent, and the Notifiable Disease Rules have also been sent to you.

We are very much aware that you are at the forefront of many of the health problems in the community and we need to assist you more by providing timely guidance. This revised manual is to provide you with information so as to meet the requirements of law and as a result this manual has been extensively updated. We also plan to mail out to you a number of fact sheets on various diseases that should be very informative and useful.

You are encouraged to use this manual not as a substitute for the law, but rather as an adjunct to statute. We have provided statutory references to assist you in researching certain issues as well as Internet references.

In Maine, as you are aware, government sponsored public health support is limited and there are no county health departments. Several communities have local health departments with all having a Local Health Officer representing a most valuable resource.

We want to support you with this manual and look forward to working with you to address the public health concerns of Maine. We are available to provide technical professional health consultation on specific questions should you need to contact any of the references in this manual. Please contact Bureau of Health Administration with any corrections.

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**NOTE: The statutes referenced herein can be accessed through the Internet:**

**<http://janus.state.me.us/legis/ros/meconlaw.htm>**

## **1. GENERAL BACKGROUND**

### **1.1 STRUCTURE AND HISTORY OF MAINE'S HEALTH LAWS**

In 1821, Maine's first full session of the Legislature met and enacted extensive measures intended to fight the spread of disease. Some sixty years later, the Maine Legislature established a State Board of Health, Maine's first state level health agency. Since then, state health laws in Maine have evolved in a piecemeal fashion. Recent legislation has updated existing statutes, especially in the communicable diseases area. It is important that a manual for use by Local Health Officers be written to clarify existing laws and to provide a tool for carrying out their functions as public officials.

Maine's statutes establish a state health agency -- the Department of Human Services -- and a system of municipal Local Health Officers. The Department of Human Services has primary responsibility for the general health and well-being of the people of the State and for enforcement of health laws. This general responsibility includes supervision of Local Health Officers, whose duties include enforcement of all relevant laws, the rules of the Department of Human Services, and local health ordinances. The Department of Human Services is expected to provide Local Health Officers with information and with educational resources pertaining to the regulation of health issues.

Local Health Officers have an opportunity to comment on proposed rules and regulations, as provided for in the Maine Administrative Procedures Act. Rulemaking is announced in announcement or legal sections of key newspapers in Maine and will include notice of any public hearings and the respective comment period being given.

On the local level, each municipality is mandated to appoint a Local Health Officer (22 MRSA §451). To the extent that the functions of the Local Health Officer are defined in Title 22 of the Maine Statutes, the Department of Human Services has general policy-making responsibility, and Local Health Officers and other officials assist with the enforcement of the rules and regulations of the Department of Human Services.

Additional authority related to public health is granted to municipalities in Title 30-A, which in some instances is not subject to Department of Human Services control. This authority includes such things as local plumbing and sewage disposal rules. These and other functions are usually the responsibilities of Local Plumbing Inspectors or Code Enforcement Officers.

### **1.2 Appointment**

#### Municipalities

Every municipality in the State shall employ an official who shall be known as the Local Health Officer. The Local Health Officer shall be appointed for a term of 3 years or until

his/her successor is appointed, provided that on expiration of the term of office the municipal officers shall appoint a successor within 30 days of such resignation or expiration. Within 10 days, the municipal officers of all municipalities shall notify the Department of Human Services in writing of the appointment of a Local Health Officer, stating the Local Health Officer's name, age, address and date of appointment and beginning of 3-year term (22 MRSA §451).

### Unorganized Territories

The Local Health Officer in towns or plantations contiguous to unorganized territory shall perform the duties of Local Health Officer in such territory (22 MRSA §451).

### Departmental Intervention

If the Local Health Officer, or individual designated as the Local Health Officer pursuant to §451, fails to perform the duties of the Local Health Officer as those duties are described under this section, the department may intervene to perform those duties as the Director of the Bureau of Health is the State Health Officer.

## **1.3 Incapacity or Absence of a Local Health Officer**

In the event of incapacity or absence of the Local Health Officer, the municipal officers shall appoint a person to act as Local Health Officer during such incapacity or absence. Failing such appointment, the chairman of the municipal officers shall perform the duties of Local Health Officer until the regular Local Health Officer is returned to duty or appointment of another person has been made (22 MRSA §451).

In municipalities with a manager form of government, when the charter so provides, the appointments provided for in this section may be made by the said manager and the duty prescribed for the chairman of the municipal officers during incapacity or absence of the Local Health Officer shall be performed by the manager (22 MRSA §451).

In no case shall a person be appointed to hold office as a Local Health Officer or as a member of the local Board of Health who shall have any monetary interest, directly or indirectly, in any private sewer corporation over which said officer or board has general supervision (22 MRSA §451).

## **1.4 Compensation of Local Health Officers**

The current statutes make no mention of compensation for Local Health Officers. Compensation, if given, varies greatly from locality to locality as do the specified duties of Local Health Officers, many of whom combine their duties as Local Health Officer with those of school physician, school nurse, public health nurse, local plumbing

inspector, code enforcement officer or other health and/or local-government related role.

## **1.5 Local Board of Health**

Municipalities may also appoint a Board of Health which shall serve in an advisory capacity to the Local Health Officer (22 MRSA §453).

## **2. GENERAL DUTIES AND RESPONSIBILITIES**

### **2.1 General**

The duties of the Local Health Officer are varied. To facilitate understanding, the duties are divided into four major areas and presented in this manual this way: Section 2 - administrative duties; Section 3 - notifiable disease control; Section 4 - environmental health protection and nuisance control; and Section 5 - other duties.

### **2.2 Records**

The Local Health Officer shall, in a book kept for that purpose, make and keep a record of all the proceedings and of all the transactions, doings, orders and regulations of himself/herself as the Local Health Officer (22 MRSA §454).

### **2.3 Reports**

#### Annual Report to Department of Human Services

At least once in each year, the Local Health Officer may be required to report to the Department of Human Services his/her proceedings and such other facts required, in accordance with instructions received from Department of Human Services. He/she shall make special reports whenever required to do so by the Department of Human Services (22 MRSA §455).

#### Reporting Diseases to Department of Human Services

Local Health Officers are required to assist in the reporting, prevention and suppression of diseases and all conditions injurious to health, and shall be subject to the supervision and direction of the Department of Human Services. Prompt reporting of notifiable diseases and occupational diseases, which are brought to their attention within their jurisdictional limits, is also required (22 MRSA §1030). Physicians are instructed to notify the Department of Human Services directly when they have reason to believe that a person they are treating is afflicted with a notifiable disease. Reporting these diseases is an important responsibility that should not be minimized. Rules of the



Department of Human Services specify the manner and time for reporting specific cases of diseases (22 MRSA §454 and 22 MRSA C. 259-A).

**A most useful reference:** The CONTROL OF COMMUNICABLE DISEASES MANUAL, 17th Edition, American Public Health Association, 1015 Fifteenth Street, N.W., Washington D.C. 20005-2000. It can be ordered from the APHA over the Internet at: <http://www.apha.org/> or Amazon at: <http://www.amazon.com/>. The cost is \$30.

**Additional reference:** *Manual for School Health Services*, a publication published by the Department of Education, summarizes the existing state level programs and services related to school health (20 MRSA §1195).

## **2.4 Complaints**

The Local Health Officer receives and examines all complaints concerning nuisances dangerous to life and health within the limits of his/her jurisdiction.

The Local Health Officer may enter upon or within any place or premises where nuisances or conditions dangerous to life and health are known or believed to exist, and personally, or by appointed agents, inspect and examine the same. All owners, agents and occupants shall permit such sanitary examinations. The Local Health Officer may wish to consult with his/her town attorney to determine if or when an inspection warrant is necessary. The Local Health Officer may order the suppression and removal of nuisances and conditions detrimental to life and health found to exist within the limits of his/her jurisdiction.

Whenever any kind of action is contemplated on the basis of a specific communicable disease, the Local Health Officer should contact the Division of Disease Control (1-800-821-5821, 287-3591).

## **3. DISEASE CONTROL**

### **3.1 General Information**

Working in conjunction with Maine Department of Human Services, Local Health Officers are authorized to develop a system of inspection and control over persons and things liable to cause the spreading of contagious diseases (22 MRSA §454), and matters of environmental concern, including occupational health.

The Diseases Statutes (22 MRSA §1030 and §1034), and the Occupational Statutes (22 MRSA C. 259-A) which detail time requirements, methods, and procedures for reporting diseases to the Department of Human Services do not mention the role of the Local Health Officer. This oversight does not mean the Local Health Officer is not involved with communicable disease

Maine law, 22 MRSA 22 §454 states:

When the Local Health Officer has reasonable cause to suspect the presence of a communicable disease, the Local Health Officer shall consult with the commissioner, or a designee. The health officer shall then order the suppression and removal of nuisances and conditions posing a public health threat found to exist within the limits of the health officer's jurisdiction. For purposes of this section, "public health threat" means any condition or behavior that can reasonably be expected to place others at significant risk of exposure to infection with a communicable disease.

Appeal to municipal officers or board of appeals: Whenever an order is given to correct a problem the opportunity for an appeal must be given. An appeal may be taken from any order issued by the building inspector, or from the licensing authority's refusal to grant a permit, to the municipal officers or to a board of appeals established under section 2691. If a municipality has by ordinance required that all such appeals be taken to a board of appeals, the procedure shall be the same as in appeals directed to the municipal officers, unless the municipality has provided otherwise. Examples of typical correspondence is found in section 6).

The rules referenced in this manual may be obtained by contacting the respective department located in chapter 8, Quick References. Another alternative is to look on the Internet under the Secretary of State at:  
<http://www.state.me.us/sos/cec/rcn/apa/depts.htm>

### **3.2 Rules for Control of Notifiable Diseases**

The Local Health Officer has the responsibility to ensure that all State laws, rules of the Department and local health ordinances be strictly enforced in their respective communities, subject to the direction and supervision of the Department of Human Services.

The health officer is to receive and examine the nature of complaints made by any of the inhabitants concerning conditions posing a public health threat or a potential public health threat within the limits of his or her jurisdiction. Additionally, Local Health Officers are to report promptly any pertinent information related to any case, suspected case, carrier or death from any disease entities listed in the Departmental regulations. Please refer to *Rules for Control of Notifiable Diseases* 10-144 CMR 258.

### **3.3 Enforcement**

It is the duty of the Local Health Officer to require that all state laws, rules of the Department of Human Services and local health ordinances be strictly enforced in their respective communities. When and if they are concerned about bodily harm in the

performance of these duties, they have the legal authority to call for assistance from any police officer (22 MRSA §1014).

### **3.4 Reportable Occupational Diseases**

The objectives of the State of Maine's Occupational Disease Reporting Program are: a) to collect case specific data on all persons diagnosed with occupational diseases living in Maine; b) to tabulate and summarize patient data to determine the frequency and incidence rates for reportable occupational diseases by age, sex, and disease for geographic areas; c) to evaluate factors which might determine the incidence and prevent the future occurrence of occupational diseases among workers employed in the State of Maine.

Hospitals, Physicians and Physician Assistants shall submit the required information to the Department no later than 30 days from the date of diagnosis or discharge from a hospital (22 MRSA Section C. 259-A).

### **3.5 Surveillance**

The most important duty of Local Health Officers is surveillance knowledge of what infections are occurring in their areas and reporting of those infections to the Department of Human Services. To be able to do this efficiently, the Local Health Officer should be familiar with physicians, school officials, public health nurses, nursing homes, food establishments and local industries within the community. Seldom is intervention by the Local Health Officer necessary when an infection is discovered. When a particular outbreak is noted, the Local Health Officer and the Department of Human Services work together for the investigation and institution of control measures.

### **3.6 Animal/Insect-borne Disease**

Public Health Professionals have long been aware that animals and insects contribute both directly and indirectly to many diseases afflicting mankind. In fact, the reduction or elimination either through eradicating the cause or protecting man (e.g., vaccine), of many of these diseases, is one of the major accomplishments of public health over the past 70 years. Unfortunately, much more remains to be done. Although perhaps not having the stature of the Plague, animals/insect borne disease contributes to the morbidity and mortality of millions of people worldwide.

Flies and cockroaches are not common vectors of disease and their presence is not usually associated with disease out breaks. Please do not contact the Bureau of Health about these problems.

In Maine, our attention is focused upon two specific diseases, rabies and lyme disease. Discussions on both are found below.

### 3.7 Rabies

*Rules Governing Rabies Management*, 10-144A CMR 251 may be of assistance. Rabies is a disease carried in Maine primarily by raccoons, bats, and occasionally a skunk or fox. Any wild mammal is susceptible to rabies. Control of the disease is governed by a statute which states that the Department of Human Services may, in case of an emergency or threatened outbreak of rabies, issue orders to municipal officers to euthanize any dogs that are found loose in violation of quarantine rules and impounded for a period of 72 hours without being claimed by their owners (22 MRSA §1311).

#### Wild Animals Suspected of Having Rabies

Pursuant to *Rules Governing Rabies Management*, 10-144 CMR 251, a suspected rabid animal is defined as:

- (1) Any mammal, undomesticated or domesticated, showing signs of rabies.
- (2) Any undomesticated mammal that has potentially exposed, through bite or non-bite exposure, a human or domesticated animal to rabies.
- (3) Any domesticated mammal that has bitten a human or domesticated animal.

Further, the US Department of Health and Human Services, Centers for Disease Control defines bat exposure as:

- (1) bare handed touching of a bat,
- (2) finding a bat in a room with a sleeping child or an incapacitated person and having no knowledge how long the bat has been there, and
- (3) finding a bat in a home and having no idea of the amount of time it's been there.

[Note that this does not necessarily involve a known bite.]

When a wild animal, including a wolf-hybrid, is suspected of having rabies and bites a person, it should immediately be euthanized, without destroying the head, and transported to the State Health and Environmental Testing Laboratory in Augusta. Ferrets that bite a human are treated similarly as a cat or a dog that may bite a human and are quarantined for 10 days. even those held as pets, are submitted if they have bitten someone.

Domestic dogs and cats that have bitten a person, or are otherwise suspected of having rabies, may be quarantined for 10 days unless they sooner exhibit signs of disease. For additional information, see *Rule for Control of Notifiable Diseases* 10-144 CMR 258(7).

## Transportation of suspected animals

Maine law, Title 22 MRSA §1313, provides for the procedures for the transportation, quarantine, euthanasia and testing of animals suspected of having rabies. The animal control officer appointed in accordance with Title 7 MRSA §3947, once he or she receives a report of an animal suspected of having rabies, shall ensure that the procedures established pursuant to section 1313 and 1313-A are carried out. "If the animal is an undomesticated animal, a game warden shall assist the animal control officer."

Transport of a suspected wild animal to the State Health and Environmental Testing Laboratory is usually expedited by contacting your local Game Warden. If not known, call your State Police who will provide you with the roster of wardens. However, no state official is charged by law to transport animals.

Pursuant to subparagraph 3 of §1313, the owner of a domesticated animal suspected of having rabies shall pay all costs for transportation, quarantine, euthanasia and testing of the animal. If a domesticated animal is a stray or the owner is unknown, the municipality in which the animal was apprehended is responsible for transportation, quarantine, euthanasia and testing costs. Further, Maine law states that the Department of Inland Fisheries and Wildlife is to pay all costs for transportation, quarantine, euthanasia and testing of undomesticated animal suspected of having rabies (i.e., wild animals).

It is recommended that in any case where there may be doubt as to the disposition of animal-human contact incident, please call the State Health and Environmental Testing Laboratory for guidance and assistance.

## Treatment

Immediate and thorough local treatment of all bite wounds and scratches is perhaps the most effective rabies preventive. Cleanse the wound for twenty minutes with soap and water. If the wound is not serious, allow it to bleed freely. Do not cover. See a doctor immediately after washing the wound. The physician will decide on the need for treatment to avoid contracting rabies or other disease (tetanus). More information on this disease is available from the Department of Human Services Laboratory in Augusta.

## **3.8 Lyme Disease**

### What Lyme Disease Is

Lyme disease is an illness caused by a corkscrew-shaped bacterium (spirochete) that is transmitted to humans, dogs, horses, and other animals by tick bites. Frequently

starting with a rash and flu-like symptoms, it may progress to cause crippling arthritis and neurological problems if untreated.

### Where Lyme disease is found

Lyme disease occurs over wide areas of the United States, but particularly along the east coast. It was first recognized in the U.S. in 1975 as a result of an investigation of a group of children with arthritis in Lyme, Connecticut. In Maine, approximately 380 cases of Lyme disease were reported among state residents between 1986 and 1998. The tick that spreads Lyme disease has become established in some coastal areas, but is also appearing in some inland areas as well, particularly along rivers.

### How Lyme disease is transmitted

The tick that transmits Lyme disease is the deer tick, *Ixodes scapularis*. Its two-year life cycle has three stages in each of which the tick takes one blood meal. Prompt removal of attached ticks will decrease the risk of spirochete transmission, which usually does not occur until the tick has been attached for at least 36 hours. Grasp the tick as close to the skin as possible, preferably with fine tweezers, and pull gently but firmly until the tick lets go. Do not handle ticks with bare hands. Do not squeeze the tick. Apply antiseptic to the bite. Save the tick in a small vial of 70% alcohol. Common tick removal methods, such as scorching with a match, are not recommended because they may cause infected body fluids to be expelled into the skin.

Thirteen other species of ticks are found in Maine, some of which look very much like deer ticks. They may bite humans and domestic animals but are not thought to transmit Lyme disease. Two of the more common are:

*Ixodes cookei*, the “woodchuck tick”, which cannot reliably be distinguished from the deer tick without a microscope, is widely distributed in Maine. It usually feeds on wild animals such as woodchucks and raccoons, but will also feed readily on humans and domestic animals.

*Dermacentor variabilis*, the American “dog tick”, is commonly found on humans in late spring and early summer, particularly in southwestern Maine. It is larger than the *Ixodes* ticks and can also be distinguished by its characteristic white markings.

The Lyme tick is very small, about the size of the period at the end of this sentence. During its complex two-year lifecycle, it can infect a variety of hosts. The tiny larvae (active from June to September) are seldom found, and are rarely infected until they take their first blood meal from a mouse or other small mammal. The risk of contracting Lyme disease is greatest from the inconspicuous nymphs which are most active in June and July. Adults, which can also transmit Lyme disease, are found most often in the late fall as they search for larger hosts, preferably deer.

The first symptom of Lyme disease in humans is usually an expanding red rash at the site of the tick bite which may occur within a few days or several weeks later. The rash may be preceded or accompanied by flu-like symptoms such as fever, headache, chills, nausea, facial paralysis, or pain in the muscles and joints. If Lyme disease is suspected, call your doctor. Early antibiotic treatment can avoid later, more serious complications. Not all patients develop the rash, however, and many do not recall a tick bite.

#### Lyme disease vaccine

A vaccine for Lyme disease, first licensed in late 1998, was used to provide another option for Lyme disease prevention that may be considered for those persons at the highest risk. The vaccine is longer available by the manufacturer.

### **3.9 Animal Control Officers**

Pursuant to Title 7 MRSA §3947, each municipality must appoint one or more animal control officers whose duties are enforcement of various sections in law including disposing of large dead animals (e.g., horses, cows, etc.) and responding to reports of animals suspected of having rabies. Animal control officers must be certified in accordance with section 3906-B, subsection 4. Upon initial appointment, an animal control officer must complete training and be certified by the commissioner within 6 months of appointment. Once the appointment of the animal control officer is made, municipal clerks are required to notify the Commissioner of the Department of Agriculture, Food and Rural Resources of the name, address and telephone number of the animal control officer.

An organization that may be of interest may be the Maine Animal Control Association. The MACA strives to protect the well being of all animals, domestic or wild.  
<http://www.macamaine.org/>

#### Animal control within a municipality

Municipalities are required to control dogs running at large (Title 7, §3947). Law enforcement officers and animal control officers are required to take a stray animal to its owner, if known, or, if the owner is unknown, to an animal shelter and ensure that any injured animal that is at large or in a public way is given proper medical attention.

A municipality must also control domesticated animals that are a cause of complaint in the community. A municipality shall control animals that pose a threat to public health or safety. A municipality may control undomesticated animals in matters on which no other department is charged by law to regulate.

#### Animal shelter designation

Section 7 of §3949 requires Municipal clerks, annually, on or before April 1st, to certify to the Commissioner of the Department of Agriculture, Food and Rural Resources of the name and location of the animal shelter with which the municipality has entered into a contract to accept stray animals.

## **4. ENVIRONMENTAL HEALTH PROTECTION AND NUISANCES**

### **4.1 General**

Environmental health pertains to the study and control of environmental factors that contribute to or cause particular health problems. Environmental health problems are becoming increasingly prevalent in our communities. The broad nature of this subject--which includes sewage, solid waste disposal, septic tanks, licensing of eating and lodging establishments, regulating water systems, etc.--requires that Local Health Officers engage in a wide variety of activities. Although Local Health Officers are not specifically authorized by statute to intervene in all of these areas, they have the general legislative power with supervision of Department of Human Services to intervene in situations that involve serious and immediate threats to public health (22 MRSA §454). Any situation that is perceived as a serious and immediate threat to public health should be reported immediately to the Bureau of Health.

### **4.2 Complaints**

The Local Health Officer shall receive and examine the nature of complaints "... concerning nuisances dangerous to life and health..." (22 MRSA §454).

### **4.3 Nuisances**

Maine law, 17 §2702 discusses the abatement of nuisances and details the manner in which they are to be resolved in a municipality. Title 17 § 2741 covers some common nuisances and the jurisdiction to abate them. Other statutes refer to "a source of filth whether or not the cause of sickness" and directs the Local Health Officer to cause this nuisance to be removed at the expense of the owner. Failure to remove the nuisance may result in a fine (22 MRSA §1561).

#### Miscellaneous nuisances

The Local Health Officer is, under the existing statutes of the State of Maine, the only health official having the authority to abate miscellaneous nuisances. Municipal officers and/or agents of the Department of Human Services may call upon him/her to work in collaboration with them in face of a particularly dangerous situation. The authority to interfere with a person's property or activities can be very far reaching. In certain situations involving a threat to public health, it may be necessary to summarily



intervene. However, immediate action is not generally necessary and notice procedures allowing time to correct a situation should be possible. It is advisable to send a letter by registered mail or constables and to keep a copy for legal documentation. Photographs are also occasionally helpful if the case goes to court. Written records of all inspections should be retained. Before taking a summary action (action without a court's sanction such as ordering a dwelling place closed, abating a nuisance, etc.), it is advisable to consult the town's attorney.

A listing of nuisances liable to be injurious to health, comfort or property of individuals, of which a Local Health Officer may be requested to investigate, may be found in 17 MRSA §2802. Among others, the list includes noxious exhalations, offensive smells, abandoned wells or mining shafts, offal noisome, filthy or noisome substances and discarded motor vehicles. The procedure to be followed in dealing with these nuisance calls is basically the same as above. A model response is given in Appendix A.

Some common nuisances are discussed below as they are specifically referred to in the statutes and/or those most commonly encountered.

#### **4.4 Faulty Septic Systems**

Malfunctioning disposal systems are a nuisance, as stated in 30A MRSA §3428. Although the statute references "municipal officers", the Local Health Officers may act on a complaint of pollution caused by faulty septic systems, if delegated to do so by a municipal officer (30-A MRSA §2001). A working knowledge of the state and local plumbing rules and cooperation with the licensed plumbing inspector will help the Local Health Officer to better perform his/her duties in this regard. The procedures to be followed are outlined in 30-A MRSA §3428. The rules relating to subsurface wastewater disposal system are called the *Maine Subsurface Waste Water Disposal Rules* 10-144 CMR 241.

#### **4.5 Dead Domestic Animals**

Local Health Officers and Animal Control Officers are often called upon to remove and dispose of the carcass of dead domestic animals. For these animals to remain clearly may cause a nuisance. A notice to this effect should be sent by the Local Health Officer to the owner who is liable to fine or imprisonment if he/she fails to comply with the request (22 MRSA §1562).

The actual disposal of large domestic animal bodies falls under the rules of the Department of Agriculture, Food and Rural Resources, 1 CMR 211 *Rules for the Disposal of Animal Carcasses*. Noncommercial pet owners burying their own small animal pets (for example: dogs, cats, birds or fish) on their own land are exempt from these rules.

The most often method for disposal is through burying or composting. This requires a soil evaluation by a Natural Resources Conservation Service (NRCS) or State of Maine Certified Soil Scientist. The Animal Control Officer can be referred to for seeing that this task is completed.

#### **4.6 Dangerous Buildings**

Dangerous buildings are not specifically the responsibility of the Local Health Officer unless a municipal ordinance so states, or the Local Health Officer has deemed the building to be a nuisance. As a result, the Local Health Officer is frequently called upon to take action regarding dangerous buildings or buildings that are otherwise unhealthy. A detailed legal process to follow is mandated by law to such a case (17 MRSA §2851 - §2853). Because of the complexity of these laws, Local Health Officers are urged to avail themselves of their own legal counsel or legal services of the Maine Municipal Association (MMA) in difficult cases involving the courts. (See Appendix for model letters.)

#### **4.7 Unsafe Drinking Water**

The Local Health Officer is playing an increasingly important role in contemporary pollution problems such as protecting drinking water and water sources. In 1986, Congress passed amendments to the Safe Drinking Water Act and the State enacted legislation to implement it. A supplier of drinking water to the public is required by law to notify the Local Health Officer, the Department of Human Services, the Environmental Protection Agency and the communications media serving the area where a public water supply system is not in compliance with these laws (22 MRSA §2615).

The protection of a public water source is equally the responsibility of the Local Health Officer when so authorized by the Department of Human Services or municipal officers. To fulfill this duty, the Local Health Officer may enter upon land having a system of drainage or sewage suspected of seeping into a public water source and order the condition to be corrected (22 MRSA §2647). The procedure to be followed in such a case is specified in the statute itself. It is advisable for Local Health Officers to refer to their municipal counsel or Maine Municipal Association for legal counsel before proceeding in these matters.

A related sanitation issue deals with problems from floods, power outages, and fires. In restaurants and other establishments that serve food to the public, if any of these events occur, such that there is any doubt as to the cleanliness of an eating establishment, or the safety of the drinking water, or the safety of the food (smoke damage, etc.), the Local Health Officer should contact the Eating and Lodging Program in the Division of Health Engineering by calling 287-5671. The District Sanitarian can be sent out to investigate. The Division of Health Engineering has a working relationship

with agencies such as the State Fire Marshall's Office and can resolve many issues that may occur.

#### **4.8 Public Bathing Beaches**

The Local Health Officer is in a position to evaluate public bathing beaches by visual inspection and by sending water samples to a certified laboratory for bacterial analysis. The Department of Human Services has established a guideline of 33 enterococci per 100 milliliters (ml) and 126 *E. coli* per 100 ml for fresh waters; and a geometric mean of 35 enterococci per 100 ml for marine waters. Representative samples that exceed these numbers would indicate that the Local Health Officer should post the area as "closed to swimming" and notify the Department of Human Services. The Division of Health Engineering provides current information on posting public bathing areas. Consultation with the Department of Environmental Protection should occur with regard to marine waters (287-3901). Contact the Division of Health Engineering at 287-5671.

#### **4.9 Maine Laws on Tobacco Smoke, Title 22 §1541 et seq.**

Maine has a number of laws regulating tobacco. These laws are important for municipalities to understand, implement and enforce. In 1993 a number of major changes took place in law regarding smoking in public places. Additional changes were made in 1999.

Title 22 §1551-A requires a retail tobacco sales license for any person, partnership or corporation that engages in retail sales, including retail sales through vending machines. This also includes free distribution of tobacco products. Title 22 §1551 defines "Tobacco products" as any form of tobacco and any material or device used in the smoking, chewing or other form of tobacco consumption, including cigarette papers and pipes.

Additionally, Maine law, Title 22 §1541, defines, among other things "Designated smoking area," "Public place," and "Restaurant." Essentially, smoking is prohibited in all enclosed areas of public places and all rest rooms made available to the public. A specific exception is that smoking is not prohibited in taverns or lounges, and in public places when beano or bingo games are being conducted.

Signs must be posted conspicuously in buildings where smoking is regulated by this chapter. Designated areas must have signs that read "Smoking Permitted" with letters at least one inch in height. Places where smoking is prohibited must have signs that read "No Smoking" with letters at least one inch in height or the international symbol for no smoking. Questions can be addressed by contacting the Tobacco program, "Partnership for a Tobacco Free Maine" at 287-4627.

## **5. OTHER DUTIES**

### **5.1 Reporting Child and Adult Abuse, Neglect or Exploitation**

As a municipal code enforcement official, the Local Health Officer is also mandated by law to report to the Department of Human Services whenever the Local Health Officer knows or has reason to suspect that a child or adult has been abused or neglected (22 MRSA §4011 or 22 MRSA §3477). The Department of Human Services maintains a 24-hour service to help children or adults and their families with problems of abuse or neglect. During regular working hours, contact the local Department of Human Services office. For after hour emergencies, call the State Hotline at 800-452-1999.

### **5.2 Optional Activities**

Beyond the many duties prescribed by law, there are many optional activities in which Local Health Officers can become involved to serve the health related needs of their communities.

These range from educational programs in schools or the adult community, to setting up or helping with screening programs for high blood pressure, emphysema, diabetes and other common serious diseases. The variety of these optional services is limited only by imagination and by time. A re-emphasis on small town initiative and responsibility is still very much a part of our Maine heritage and a Local Health Officer can be a prime asset to any community.

## **6. MODEL PROCEDURES, FORMS AND LETTERS**

### **6.1 Procedure to Follow to Remedy a Dilapidated and/or Dangerous Building**

#### **STEP 1. Informal letter to owner of a dilapidated building**

Write an informal note to the owner of record asking that he/she repair or remove the dilapidated building. A suggested letter follows:

Mr. John J. Jones  
123 East Street  
Westville, Maine 04000

Dear Mr. Jones:

We have been compiling a listing of buildings in the Town of Westville that are dilapidated to a point where repairs or removal is imperative. These buildings pose a hazard to citizens of our community and are a nuisance. This listing is to go to the

Town Council and Town Attorney for legal action at some time in the future and I note that the list contains dwellings that are alleged to be owned by you, located at 345 and 347 West Street.

I certainly have no desire to bring this matter to the attention of the aforementioned officials until you have been personally notified by me, as I know you will wish to avoid a situation that could well result in inconvenience or loss on your part as well as ours. This matter is being brought to your attention as I know you will want to cooperate with us.

I would appreciate hearing from you at your earliest convenience.

Sincerely,

Samuel S. Smith  
Town Manager [or Local Health Officer]

This letter will result in corrective action in most of the cases. If step 1 does not work, proceed to Step 2.

#### STEP 2.

Consult with the town attorney, at least for your initial use of the dilapidation statute. Once you have gone through one action, you should be able to proceed, in other cases, on your own.

#### STEP 3. Formal letter to owner of a dilapidated building

Have the attorney prepare a formal notice to the owner of record, that the building is structurally unsafe, unstable, unsanitary, constitutes a fire hazard, is unsuitable or improper for the use and occupancy to which it is put, constitutes a hazard to health or safety because of inadequate maintenance, dilapidation, obsolescence or abandonment or is otherwise dangerous to life or property. A typical letter follows:

Mr. John J. Jones  
123 East Street  
Westville, Maine 04000

Dear Mr. Jones:

The Building Inspector [or Local Health Officer] of the Town of Westville has found that your building at 345 and 347 West Street is [structurally unsafe, unstable, unsanitary and constitutes a fire hazard. Insert actual condition. Be sure to use the same -- or very closely similar -- terminology used in §2851 of Title 17 MRSA]. It has been

declared unsuitable or improper for use and must be repaired to the complete satisfaction of the Building Inspector [or Local Health Officer] prior to the next meeting of the Town Council which will occur on September 4, 2001.

Very truly yours,

Samuel S. Smith  
Town Manager [or Local Health Officer]

This letter should be sent by certified mail, return receipt requested. The receipt should be retained on file.

Services of an attorney are suggested initially. If there is any hint that a property owner intends to challenge the action, call in an attorney at once.

#### STEP 4.

The Municipal Officers should then set a date for a public hearing. The date for the hearing should be at least four weeks from the date of the meeting at which the hearing date was established. Maintain a record of the meeting of the Municipal Officers.

#### STEP 5.

Publish a notice in a newspaper at least once a week for at least three successive weeks before the date of the hearing. (Clip and file the notices.)

#### STEP 6.

Hold a public hearing and if all attempts at repair have failed, order the building demolished with proper notice. Maintain a record of the hearing.

#### STEP 7.

Allow at least thirty days for the owner to appeal the Municipal Officer's order. If the owner has not appealed, demolish the building.

#### STEP 8.

Have the assessor assess a special tax against the land on which the building was located covering the amount of the expenses of the town. (This tax should be included in the next annual warrant to the Tax Collector and should be collected in the same manner as any other property taxes.)

## **6.2 Model Form - Nuisance Investigation Report**

Municipality of: \_\_\_\_\_

Nuisance Investigation Report:

Complainant's Name:

Referred By Date:

Address:

Offender's Name:

Location of Nuisance:

Nature of Nuisance:

Investigation and Remarks:

Re-inspection Date:

Disposition and Date:

Investigator (Local Health Officer):

## **6.3 Model Violation Form Letter – Request to Comply**

Municipality of: \_\_\_\_\_ Date : \_\_\_\_\_

This letter is the result of an Environmental Health Inspection of your property located at \_\_\_\_\_ that noted conditions in violation of \_\_\_\_\_ [cite law, regulation or ordinance violated] on [date] \_\_\_\_\_ .

You must correct the violations detailed on the attached inspection report no later than \_\_\_\_\_ to provide a more healthy environment. Failure of voluntary compliance may result in an ORDER being issued against you by the Local Health Officer to correct Environmental Health Conditions.

If additional information or further clarification is desired, contact this office.

Local Health Officer

#### **6.4 Model Violation Form Letter – Order to Comply**

Municipality of \_\_\_\_\_

Date \_\_\_\_\_

On \_\_\_\_\_, an inspection was made of the premises located at \_\_\_\_\_ indicating non-compliance with the \_\_\_\_\_ [cite ordinance, law or rule] violated as noted on the attached report, specifically \_\_\_\_\_

In accordance with the provision of the above [law, ordinance, regulation], you are hereby ORDERED by the Local Health Officer to correct these defects according to specification, prior to \_\_\_\_\_. Failure to comply by this date may result in a complaint being filed against you in Court so as to collect a fine for each day's civil violation, of not less than \$\_\_\_\_\_ nor more than \$\_\_\_\_\_ per day. If you feel aggrieved by this Order, you may file an Appeal in the office of the Municipal Clerk within seven working days following the day of receipt of the Order for consideration by the Municipal Officers.

If additional information is desired, visit or telephone this office. (Provide office hours and telephone number.)

Suzanne Duegood  
Local Health Officer

#### **6.5 Sample Violation Letter – Improper Trash Storage (example)**

*JIM DOE, LOCAL HEALTH OFFICER  
R.F.D. #1  
ANYTOWN*

March 13, 20--

To: Mrs. John Smith, Owner  
Anycity, Maine

To: Occupants 100 Main Street  
Anytown, Maine

RE: Trash bin behind 100 Main Street, Anytown

Dear Mrs. Smith and Occupants:

A complaint has been filed regarding improper storage of trash at 100 Main Street, Anytown. The property was inspected on March 10 and March 11, 20--. The trash bin



was found to be overflowing and trash bags were lying on the ground. Some of these bags were ripped open and trash was scattered about. This condition is in violation of Maine Statutes (Title 22 MRSA §454 and §461). [Use whatever descriptive language most accurately characterizes conditions found during the inspection.]

The occupants have a responsibility to maintain the property in a healthful condition by insuring that all trash is properly disposed. The occupants are hereby ordered to cease contributing to this violation and to make proper disposition of their trash until the situation is remedied. Occupants disregarding this order may be subject to a fine. The owner is hereby ordered to have the trash removed and the premises put in proper order within 48 hours of receiving this notification. Failure to comply may result in a fine and/or removal of the trash by the town at the owner's expense. In the future it will be the tenants' responsibility to notify the owner or garbage collector when the trash bin is full. Tenants shall not contribute to creating unsanitary conditions by putting garbage in an unprotected space.

Sincerely,

Jim Doe  
Local Health Officer

**6.6 Model Compliance Form Letter – Non-Compliance to Previous Request**  
Municipality of \_\_\_\_\_ Date \_\_\_\_\_

This letter is to inform you that we are now prepared to commence legal action against you for noncompliance with the previous ORDER dated \_\_\_\_\_. Please notify us immediately if the noted conditions (has) (have) been corrected or if you believe you can show that such action would otherwise be inappropriate. Only under exceptional circumstances or upon payment of costs, will the court action be voluntarily dismissed for compliance by the Municipality.

John Jones  
Local Health Officer

## **6.7 Model Placard for Posting on the Premises – Occupancy Not Permitted**

### **-NOTICE-**

Location: \_\_\_\_\_

Occupancy of these premises is not permitted until conditions dangerous or detrimental to life or health are corrected, specifically, (conditions).

Subject to approval by the Local Health Officer, Municipality of \_\_\_\_\_ .

[--Date--]

[--Signature--] Local Health Officer

## **6.8 Small Animal Bite Report (Note: Applicable to Dogs, Cats, and Ferrets only)**

Report of Dog (or Animal) Bite

Date of Injury

Hospital or Physician Name

Address

Date of Report

Person Bitten

Address

Type of Animal

Animal Owner

Address

Telephone

## **6.9 Model Form - Animal Bite Investigation**

Victim

Owner

Date

Inspector

Animal Owner

Address

Phone

1. Animal Description

Sex: ☐ Male ☐ Female

Age

Color

Breed

2. Has the animal been ill, acted strangely, or bitten anyone recently? ☐ Yes ☐ No  
Describe:
3. Has the animal had rabies immunization? ☐ Yes ☐ No  
Veterinarian:  
Date of Immunization:  
Date of Expiration:
4. Is the animal licensed? ☐ Yes ☐ No  
License No.  
Expiration Date
5. Circumstances of the biting incident:  
Victim:  
Address:  
Phone:
6. Date of incident:
7. Injury: Bite Scratch Site of Injury:
8. Medical treatment:
9. Name of Physician or Hospital:

#### **6.10 Model Animal Bite Letter (Note: Applicable to Dogs, Cats, and Ferrets only)**

TO: Animal Owner  
Address

The Local Health Officer has received a report that a person [or animal] was bitten and/or scratched by your [dog, cat, or ferret] on [date].

To rule out the possibility of rabies, it is required by law that your animal be quarantined for a period of ten (10) days. This means that the animal must be caged or securely tied in a manner that absolutely prevents contact with humans or other animals. The animal must be observed daily by a qualified person for signs of illness, abnormal behavior or other indications of rabies. If the animal dies or sickens and is euthanized, the Local Health Officer must be notified and the animal's head must be transported to the Health and Environmental Testing Laboratory in Augusta for rabies examination.

In most cases, this ten (10) day confinement is best handled by arranging with your veterinarian for him/her to keep the animal. If this is not possible, supervised and secure home confinement or arrangements with the local animal shelter may be considered. You may contact your Local Health Officer or Animal Control Officer for advice by telephone at: \_\_\_\_\_

## **6.11 Environmental Health Violations – Procedures to follow**

Location of Violation:

Nature of Violation:

Inspection date:

Recording of Evidence (Inspection Form, Photos):

Pre-Notification Research:

Note: Research includes, but is not limited to, selection of applicable ordinance, statute, regulation; consultation with municipal attorney, allied agency(ies), etc.

Referral will occasionally be made to the State Department of Environmental Protection if it is felt that their measures and enforcement tools are more appropriate.

## **6.12 Letters to Remedy the Environmental Health Violation**

Routine - A letter (Model Letter #6.3, notice, and a copy of inspection form should be sent to the offender

Urgent - A certified letter, or letter delivered by sheriff should be sent to the offender. Generally, this will include an order for immediate correction or correction within specified period. If indicated, the letter should be accompanied by photos (Model Letters 6.3 or 6.4).

Critical - A phone call or personal contact should be followed by a certified letter or a letter hand delivered by constable ordering immediate correction. Action includes summary suspension or revocation of any applicable licenses, permits, and placing a placard indicating the housing code violations.

## **6.13 Follow-Up Inspection**

The length of time between initial and follow-up inspections depends on nature of violation. It may be 24 or 48 hours or as much as 1 to 2 weeks.

## **6.14 Resolution of Problem**

Violation corrected: Once the violation is corrected, it should be noted and kept on file. A letter should be sent to the violator acknowledging abatement, if indicated.

Violation is not corrected: If the violation is not corrected, or is not fully corrected, or is still in process of correction, follow the procedures as previously outlined. If administratively indicated, allow additional time to complete the corrections. Alternative actions refer to municipal attorney for legal action.

In housing code violations, the structure may be placarded as unfit for human habitation. In this situation, a letter should be submitted to the municipal office of zoning and code enforcement (Model Placard 6.7).

The importance of documentation in the above procedures and giving due process to the individual cannot be overstressed. Every step should be taken with the idea that the process may end up in court. Certified mail or sheriff delivery for notices -- and especially orders -- should be used whenever it is judged important to have proof of receipt. The entire enforcement process should also be augmented by periodic ordinance, regulation review to be certain that enforcement procedures continue to be timely and effective.

In the case of malfunctioning sewage disposal systems, the Local Health Officer needs to work with the Local Plumbing Inspector and the Division of Health Engineering. Again, if closure of any establishment is contemplated, consult an attorney. Contact the State Plumbing Inspector at the Department of Human Services at 287-5689.

## **7. DIRECTORY OF RESOURCES**

Local Health Officers may, in the course of their work, need assistance or direction in a particular area. The following list of available resources indicates those services most frequently needed. It has been kept brief for purposes of easier and more rapid reference; the resources listed here may also be used as referrals to other agencies not listed.

### **7.1 Bureau Of Health, Department Of Human Services**

Telephone 207-287-8016

<http://www.state.me.us/dhs/boh/index.htm>

- Dora A. Mills, MD, MPH, Director  
8<sup>th</sup> Floor Key Bank Building Fax 287-9058
- Philip W. Haines, Deputy Director  
8<sup>th</sup> Floor Key Bank Building Fax 287-9058
- DHS Central Office 221 State Street Fax 626-5555  
Mail Address: Statehouse Station #11, Augusta, Maine 04333

Average count all positions: 360

Organization Units:

Division of Disease Control: <http://www.state.me.us/dhs/boh/ddc/indexnew.htm>

Division of Health Engineering: <http://www.state.me.us/dhs/eng/index.htm>

Health and Environmental Testing Lab: <http://www.state.me.us/dhs/etl/homepage.htm>

Division of Family Health: <http://www.state.me.us/dhs/bohdcfh/family.htm>

Division of Community Health: <http://www.state.me.us/dhs/bohdcfh/community.htm>

**7.1.1 Purpose.** The Bureau of Health is the state's public health agency. Public health is focused on disease prevention and health promotion interventions with populations. This is in contrast to medicine, which is traditionally focused on individuals and is illness-based. Today, public health and medicine work together increasingly toward the common goal of improving health status of Maine people. The Bureau of Health is the state's public health agency. Public health is focused on disease prevention and health promotion interventions with populations. This is in contrast to medicine, which is traditionally focused on individuals and is illness-based. Today, public health and medicine work together increasingly toward the common goal of improving health status of Maine people. The Bureau of Health has responsibility for public health within the Department of Human Services. The Director of the Bureau of Health functions as State Health Officer.

**DIVISION OF DISEASE CONTROL:**

Paul Kuehnert, RN, 9<sup>th</sup> Floor Key Bank Building., 11 SHS, Augusta, ME 04333

Telephone 287-3591 Fax 287-6865

Disease Reporting: 1-800-821-5821

**PURPOSE:** The Division of Disease Control promotes and protects the health of the citizens of Maine through programs focusing on the prevention and control of infectious diseases. Programs include:

- ◆ Acute & Infectious Epidemiology Program (includes position of the State Epidemiologist)
- ◆ Tuberculosis Program
- ◆ Refugee Health Assessment Program
- ◆ HIV/STD Program
- ◆ Immunization Program – includes ImmPact and EPSDT (Early Preventive Screening, Detection and Treatment Program)

Programs included are: HIV/STD, Immunization, Infectious Epidemiology, and Tuberculosis Control.

**DIVISION OF HEALTH ENGINEERING:**

Clough Toppan, P.E., 161 Capitol St., 11 State House Station, Augusta, ME 04333

Telephone 287-5686 Fax 207 - 287-3165

**PURPOSE:** The purpose of the Division of Health Engineering is to preserve, protect and promote the health and well being of the population through health engineering related services designed to reduce the risk of disease. Programs include:

- ◆ Drinking Water Program
- ◆ Eating and Lodging Program
- ◆ Nuclear Safety Program
- ◆ Plumbing Control
- ◆ Radiological Health
- ◆ Radon Program/Indoor Air

#### DIVISION OF FAMILY HEALTH:

Valerie Ricker, MSN, MS, 7<sup>th</sup> Floor Key Bank Building, 11 State House Station, Augusta, ME 04333

Telephone 287-5396      Fax 287-9056

**PURPOSE:** The Division of Family Health focuses on disease prevention and health promotion interventions that are family-based. The programs include:

- ◆ Coordinated Care Services for Children with Special Health Needs
- ◆ Genetics Program
- ◆ Healthy Families Program
- ◆ Lead Poisoning Prevention Program
- ◆ MCH Medical Director
- ◆ Nutrition Program
- ◆ Public Health Nursing
- ◆ WIC Program
- ◆ Women & Children's Preventive Health Services Program

#### DIVISION OF COMMUNITY HEALTH:

Barbara A. Leonard, MPH, 4<sup>th</sup> Floor Key Bank Building, 11 SHS, Augusta, ME 04333

Telephone 287-5387      Fax 287-9056

**PURPOSE:** The Division of Community Health focuses on disease prevention and health promotion interventions that are community-based. The Programs include:

- ◆ Breast and Cervical Health Program
- ◆ Campaign for a Healthy Maine
- ◆ Cancer Registry
- ◆ Community Health Promotion/Chronic Disease Prevention Unit
- ◆ Partnership for a Tobacco-Free Maine
- ◆ Comprehensive Cancer Control
- ◆ Diabetes Control Project
- ◆ Maine Injury Prevention & Control Program
- ◆ Oral Health Program
- ◆ Teen & Young Adult Health Program

#### HEALTH AND ENVIRONMENTAL TESTING LABORATORY:

John Krueger, Operations Officer, 12 State House Station, Augusta, ME 04333

Telephone 287-2727      Fax 287-6832

**PURPOSE:** The Health and Environmental Testing Laboratory focuses on providing laboratory testing that serves the public's health, such as disease and water safety surveillance.

Programs include:

- ◆ Chemistry (radiation monitoring, forensics, drug testing)
- ◆ Microbiology Testing Lab (sexual and infectious disease surveillance, rabies testing, food safety testing)
- ◆ Environmental Lab (public water supplies, inorganic, and organic environment monitoring)
- ◆ Environmental Clinical Certification
- ◆ Laboratory Certification

#### OFFICE OF HEALTH DATA AND PROGRAM MANAGEMENT:

N. Warren Bartlett, 11 State House Station, Augusta, ME 04333

Telephone 287-3264      Fax 287-9056

**PURPOSE:** The Office of Health Data and Program Management focuses on health data collection, areas of need, and resources for meeting the needs for health services. Programs include:

- ◆ Behavior Risk Factor Survey
- ◆ Data & Research
- ◆ Offices of Rural Health & Primary Care
- ◆ Coordinated School Health Program (with Department of Education)
- ◆ Vital Statistics

### **7.2 Department of Agriculture, Food and Rural Resources**

Mail: 28 State House Station, Augusta, Maine 04333 Telephone 287-3701 FAX 287-7548

[http://www.state.me.us/agriculture\](http://www.state.me.us/agriculture/)

#### Animal Industry Division

Principle function of the Division of Animal Industry is to prevent the introduction and spread of contagious, infectious and parasitic disease among livestock and poultry, especially transmitted to man either directly or indirectly.

#### Animal Welfare Division

The principle responsibility of the Division of Animal Welfare is enforcement of the laws relating to animal welfare. Staff of the Department of Agriculture, Food and Rural Resources will investigate complaints of improper care and treatment of animals called to their attention. If found to be of sufficiently aggravated nature, may call alleged offenders to a hearing or cause a court summons to be served.

Milk Commission Telephone: 888- 694-0647

<http://www.state.me.us/agriculture/ahi/milk/homepage.htm>

The Maine Milk Commission was created to arbitrate differences, establish minimum prices in designated areas after proper hearings and exercise general supervision over the milk industry. Its basic function is to assure a plentiful supply of pure, wholesome milk available at times, in all places, at reasonable prices.

Pesticides Control Board: Telephone: 207-287-2731

<http://www.state.me.us/agriculture/pesticides/homepage.htm>

Aside from licensing and certification, the Board staff performs a variety of associated with pesticide use. One of the most important of these is investigating possible pesticide misuse.



### **7.3 Department of Environmental Protection**

Bureau of Air Quality Control Telephone: 287-2437, fax 287-7641  
<http://www.state.me.us/dep/air>

The purpose of the Bureau's work is to assure the continued health, safety and general welfare of the people of Maine, to protect property values, and to protect plant and animal life. To fulfill this mission, the Bureau has a two-pronged strategy: improve air quality in those areas with poor air quality; and prevent significant deterioration of air quality in areas that do not have significant air quality problems. Most of the Bureau efforts are focused on the criteria pollutants, the ambient air quality standards for them, and associated air quality problems in the State of Maine. The ambient standards for these pollutants serve as a measure for evaluating the progress and success of air quality improvement programs.

Bureau of Land and Water Quality Telephone 800-452-1942, Fax: 287-7191  
<http://www.state.me.dep/blwq>

The Bureau of Land & Water Quality administers land and water quality protection programs. The Bureau is organized into five divisions: two regulatory divisions, a science division, a planning division, and a financial and technical assistance division. The Division of Health Engineering of the Department of Human Services has primary jurisdiction over subsurface wastewater disposal system (e.g., septic systems). However, the Bureau of Land & Water Quality has a Small Community Grants Program

The Small Community Grant Program provides grants to towns to help replace malfunctioning septic systems that are polluting a waterbody or causing a public nuisance. Grants can be used to fund from 25% to 100% of the design and construction costs, depending upon the income of the owners of the property, and the property's use. Generally, applications must be sent to the department by January 31 in order to receive funding. Contact 287-7765 for information.

Examples of instances in which the Local Health Officer may wish to contact the DEP would be: 1) any case where he/she would suspect discharges into surface waters to be the cause of disease; 2) discharge of waste into tidal water where clam-digging is taking place; and 3) any kind of waste discharge into inland waters.

Bureau of Remediation and Waste Management Tel: 800-452-1942, Fax: 287-7826  
<http://www.state.me.us/dep/rwm/homepage.htm>

This bureau is responsible for the proper disposal of hazardous wastes and sludge as well as site clean up. Regulatory programs include: Solid Waste, Hazardous Waste, Lead Hazard Prevention, Asbestos, Oil Conveyance, Residuals, Sludge, Composting, and Transporters & Tank Installers.

Local Health Officers are also encouraged to report oil spills or oil spill hazards (e.g., leaking storage tanks) to the Department of Environmental Protection. In the event of a spill, time is of the utmost importance. Immediate contact with the D.E.P, can assure a recovery of from 80 to 90% of the spill. Call relating to oil spills: (24 hours) 800/482-0777; calls relating to Hazardous Material Spills: (24 hours) 800/452-4664.

#### **7.4 Bureau of Elder and Adult Services, Department of Human Services**

<http://www.state.me.us/dhs/beas/beas.htm>

The Bureau of Elder and Adult Services promotes optimal independence for elders and adults with disabilities. Included on this page are links to information on the many programs the Bureau is responsible for, policy information, and information of interest to service providers in the state.

Address: 11 State House Station, 35 Anthony Avenue, Augusta, Maine 04333  
Telephone: (207) 624-5335, (800) 262-2232, (24 hours) 800-452-1999  
Fax: (207) 624-5361, TTY: (207) 624-5442, (888) 720-1925

#### **7.5 Bureau of Child and Family Services, Department of Human Services**

<http://www.state.me.us/dhs/bcfs/index.htm>

Address: 11 State House Station, 221 State Street, Augusta, Maine 04333  
Telephone: (207) 287-5060, FAX: (207) 287-5031, TTY: (207) 287-5048

This program receives and investigates reports of possible abuse, neglect, or exploitation of children. A diagnostic evaluation of the social situation is done to determine whether abuse or neglect has occurred and whether a child is at risk. Families are offered services to reduce risk and preserve the home. These services may include counseling, home management, family life education, and temporary foster care or daycare. Services can also be offered to connect a particular family with medical, family planning, homemaker, financial, mental health and other services as needed.

If the child cannot be safe at home, court action may be necessary to request custody of the child to the Department of Human Services for placement in a licensed foster home or other appropriate child care facility.

#### **7.6 Maine Poison Control Center**

The Poison Control Center is located at the Maine Medical Center, 22 Bramhall Street, Portland, 04102. It is a statewide service and is open 24 hours a day for answers to questions about possible poisoning. Diagnosis, treatment recommendations and medical referrals when poisoning occurs are immediately available.

Emergency Phone: (800) 442-6305 (ME only)  
(207) 871-2950  
Administrative Phone: (207) 772-8850  
FAX:(207) 772-2198 (Admin)  
Alternate FAX: (207) 871-6226 (Poison Center)

## **7.7 Maine Municipal Association**

<http://www.memun.org/>

The Maine Municipal Association is a voluntary membership organization of the State's cities, towns, plantations and organized townships to provide a unified voice for Maine's municipalities to promote and strengthen local government. It provides numerous and varied services to municipalities and municipal officials with the goal of assuring more effective delivery of public services for Maine citizens, providing support services to affiliated professional associations and creating a greater public awareness and understanding of municipal government.

Of particular interest to Local Health Officers is the Legal Services Department. The MMA employs attorneys, a technical advisor, and a legal secretary to provide a direct legal assistance program that is unique to state municipal leagues.

There are a number of affiliate groups with official ties to MMA. Two of note are the Maine Building Officials & Inspectors Association, and the Maine Association of Public Housing Directors. Contact MMA in Augusta for additional information. 623-8428

## **7.8 Publications**

There are a number of excellent references available to the Local Health Officer. Many can be viewed on the Internet. A particular publication of the Maine Department of Human Services, Division of Disease Control is the *EPIGRAM*. It can be found at:  
<http://www.state.me.us/dhs/bohepi/index.htm>

Three other publications of note are:

1. The CONTROL OF COMMUNICABLE DISEASES MANUAL, 17th Edition, American Public Health Association, 1015 Fifteenth Street, N.W., Washington D.C. 20005-2000. <http://www.apha.org/media/science.htm>
2. REPORTABLE INFECTIOUS DISEASES IN MAINE, 1999:  
<http://www.state.me.us/dhs/boh/ddc/summintro.htm>
3. CDC INFECTIOUS DISEASE PUBLIC HEALTH FACT SHEETS: This extremely thorough site contains dozens of fact sheets on "Health Topics A to Z" which provides a listing of disease and health topics found on the CDC Web site. New topics are added on an on-going basis.  
<http://www.cdc.gov/health/diseases.htm>

## 8. QUICK REFERENCE - TELEPHONE NUMBERS

Abuse & Neglect	800-452-1999	Children's Protective Services
Accident Prevention	287-5356	Division of Community Health
Acid Rain	287-5378	Division of Disease Control
Adolescent Services	287-3312	Division of Community Health
AIDS Program	287-3747	Division of Disease Control
Alcohol & Drugs	287-2595	Maine Office of Substance Abuse
Animal Welfare	287-3846	Department of Agriculture
Asbestos Testing	287-2727	Health & Environmental Testing Lab
Attorney General	626-8800	Department of the Attorney General
Auto Safety Belts	287-4288	Division of Community Health
Baby Care	287-3259	Public Health Nursing Program
Bathing Beaches	287-1978	Division of Health Engineering
Bureau of Health Admin.	287-8016	Bureau of Health
Cancer Clusters	287-5272	Division of Community Health
Cancer Screening	287-8021	Division of Community Health
Catastrophic Illnesses	800-452-6494	Bureau of Medical Services
Childhood Development	287-3311	Division of Family Health
Childhood Mortality	287-3259	Public Health Nursing Program
Cholesterol Screening	287-5180	Division of Community Health
Citizens Assistance	800-452-4617	Division of Community Services
Clinic Services	287-3259	Public Health Nursing Program
Communicable Diseases	800-821-5821	Division of Disease Control
Coordinated Care Services	287-3311	Division of Family Health
Day Care/Children	287-5060	Child and Family Services
Dental Health	287-3121	Division of Community Health
Diabetes Education	287-5180	Division of Community Health
Disease Reporting	800-821-5821	Division of Disease Control
Drinking Water	287-2070	Division of Health Engineering
Emergency Medical	287-3953	Emergency Medical Services
Emergency Public Health	800-452-1999	Bureau of Health Hotline
Environmental Hazards	800-821-5821	Toxicology Program
Epidemiology	800-821-5821	Division of Disease Control
Exercise	287-5388	Division of Community Health
Family Planning	287-3312	Division of Community Health
Family Violence	888-568-1112	Family Violence Project
Fluoridation	287-2361	Division of Community Health
Food & Drug Admin.	622-8268	U.S. Federal Building
Food Stamps	800-452-4643	Income Maintenance
Foodborne Illness	800-821-5821	Division of Disease Control
Genetics	287-3311	Division of Family Health
Healthy Communities	287-5388	Division of Community Health

Hepatitis	800-821-5821	Division of Disease Control
Home Nursing Visits	287-3259	Public Health Nursing Program
Immunizations	800-867-4775	Division of Disease Control
Infectious Diseases	800-821-5821	Division of Disease Control
Injury Control	287-5356	Division of Community Health
Insect/Tick Disease Lab	287-2431	Department of Conservation
Labor Safety Standards	287-6460	Department of Labor
Laboratory Analyses	287-2727	Health & Environmental Testing Lab
Law Library	287-1600	Law & Legislative Library
Lead Poisoning	287-4311	Division of Family Health
Legal Assistance	622-4731	Pine Tree Legal Assistance
Licensing Boards	582-8723	Professional & Financial Regulation
Lodging Licensing	287-5671	Division of Health Engineering
Low Cost Drugs for Elderly	800-452-4694	Bureau of Medical Services
Lyme Disease	800-821-5821	Division of Disease Control
Maine Municipal Association	623-8428	Maine Municipal Association
Maternity Care	287-3259	Public Health Nursing Program
Measles	800-867-4775	Division of Disease Control
Medicaid Program	800-452-4694	Bureau of Medical Services
Milk Commission	287-3741	Department of Agriculture
Mumps	800-821-5821	Division of Disease Control
Newborn/High Risk Infants	287-3311	Division of Community Health
Newborn/High Risk Infants	287-3259	Public Health Nursing Program
Notifiable Diseases	800-821-5821	Division of Disease Control
Nutrition Consultation	287-3311	Division of Family Health
Occupational Hazards	877-723-3345	Bureau of Labor Standards
Oil & Haz. Material Spills	800-482-0777	Environmental Protection
Parenting Skills	287-3311	Division of Family Health
Pesticides	287-2731	Environmental Protection
Physical Fitness	287-5388	Division of Community Health
Physician Consultant	287-8016	Bureau of Health
Physician Consultant	800-821-5821	Division of Disease Control
Physician Consultant	287-3311	Division of Family Health
Poison Control Center	800-442-6305	Maine Medical Center
Polio	287-3746	Division of Disease Control
Prenatal Care	287-3311	Division of Family Health
Preschool Clinics	287-3311	Public Health Nursing Program
Preventive Health Children	287-2674	Bureau of Med. Services (EPSDT)
Quarantine	800-821-5821	Division of Disease Control
Rabies	800-821-5821	Division of Disease Control
Radiation Protection	287-5676	Division of Health Engineering
Rape Crisis	626-0660	Rape Crisis Hotline
Refugee Program	287-3591	Division of Disease Control

Rehabilitation Services	624-5300	Office of Rehab. Services
Reportable Diseases	800-821-5821	Division of Disease Control
Restaurant Licensing	287-5671	Division of Health Engineering
Rubella	800-867-4775	Division of Disease Control
Salmonella	800-821-5821	Division of Disease Control
School Health	287-8104	Health Data & Program Mgt
School Health	287-5926	Department of Education
School Lunch Programs	287-5675	Division of Health Engineering
School-Based Health Ctrs	287-3312	Division of Community Health
Seafood Processing	624-6550	Department of Marine Resources
Sewage Disposal	287-5672	Division of Health Engineering
SIDS	287-3259	Public Health Nursing Program
Smoking in Bars	287-3571	Maine Bureau of Liquor Enforcement
Smoking Legislation	287-4627	Division of Community Health
Social Security Admin.	800-772-1213	U.S. Federal Building
State Police	800-452-4664	Maine State Police
STD (Sexually Trans Disease)	287-3747	Division of Disease Control
Stress	287-5180	Division of Community Health
Supermarket, food	287-3841	Department of Agriculture
Support Enforcement	287-2886	Income Maintenance
Swimming Areas	287-1978	Division of Health Engineering
TANF (Temporary Assistance to Needy Families)	287-2415	Income Maintenance
Tent/Trailer Areas	287-5675	Division of Health Engineering
Tobacco Control	287-6027	Division of Community Health
Toxicology	287-5189	Bur. of Health Administration
Tuberculosis	800-821-5821	Division of Disease Control
Vaccinations	800-867-4775	Division of Disease Control
Veterinary Services	287-3701	Department of Agriculture
Vital Records	287-3181	Health Data & Program Mgt
Warden Services	287-2766	Inland Fisheries & Wildlife
Wastewater Disposal	287-5672	Division of Health Engineering
Water Testing	287-2727	Health & Environmental Testing Lab.
Weight Management	287-5388	Division of Community Health
Well Child Clinics	287-3259	Public Health Nursing Program
WIC	287-3991	Division of Family Health
Women's Health	287-4064	Division of Community Health
X-ray Equipment	287-5676	Division of Health Engineering

**FAX (207) 287-3165**  
**TTY (207) 287-2070**

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